



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS**

**APPLICATION FOR A CONTINUING CARE RETIREMENT
COMMUNITY LICENSE (RENEWAL)**

S.C. Code Ann. §§ 37-11-10 through
37-11-140 (Supp. 1997)

www.state.sc.us/consumer

803-734-4236/800-922-1594

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

Street Address

3600 Forest Drive
Columbia, SC 29204-4406

Date submitted: _____

1. Name of Facility _____
Street Address _____
Mailing Address _____
City/State/Zip _____
Telephone No. _____
Fax No. _____
2. Name of Operator _____
Street Address _____
Mailing Address _____
Telephone No. _____
Fax No. _____
3. The operator is Partnership ☐ Limited Partnership ☐
(Check One) Corporation ☐ Other ☐ Specify: _____
4. Chief Executive Officer _____
Street Address _____
Mailing Address _____
City/State/Zip _____
Telephone No. _____
Fax No. _____
5. Name of affiliated parent or subsidiary corporation or partnership _____
Street Address _____
Mailing Address _____
Telephone No. _____
Fax No. _____
6. Owner's Name (Indicate if individual, partnership, corporation, unincorporated association, etc.) _____
Street Address _____
Mailing Address _____
Telephone No. _____
Fax No. _____
7. Name of person to contact in case of inquiries _____
Position within facility _____
Street Address _____
Mailing Address _____
Telephone No. _____
Fax No. _____

NOTE: ALL EXHIBITS LISTED BELOW MUST BE ATTACHED. IF THE EXHIBIT(S) ARE NOT APPLICABLE OR AVAILABLE, ATTACH AN EXPLANATION IN PLACE OF THE REQUIRED EXHIBIT (S) STATING THE REASON (S) THEY ARE NOT APPLICABLE OR AVAILABLE.

8. (Attach as Exhibit A) A description of any material change with respect to any information provided with the previous application. Please attach appropriate documentation.

NOTE: Examples of material changes include, but are not limited to the following: Change in the corporate status, ownership interest, management, information provided under South Carolina Code Annotated § 37-11-30 (B) (2), contracts, services provided, fees charged, (including entrance fees), and escrow agreements. Any questions or doubts should be resolved with the Staff of the Department of Consumer Affairs.)

9. (Attach as Exhibit B) A statement concerning any litigation orders, judgments or decrees which might affect the facility.
10. (Attach as Exhibit C) A statement of any changes that have occurred with respect to your admission and disclosure policies. If none occurred, please state so.
11. (Attach as Exhibit D) The number of living units constructed and the current number of residents of the facility that are provided services pursuant to a contract for continuing care; the number of reservation agreements and/or the number of people on the waiting list; and, if applicable, a current occupancy status of a nursing home, community residential care facility, or a similar facility or accommodation.
12. (Attach as Exhibit E) A copy of all written complaints handled through your facility's complaint system since your last application and a statement of the average time taken to resolve a complaint.
13. (Attach as Exhibit F) A representative sample of advertisements for your facility since your last application.
14. (Attach as Exhibit G) Copies of any DHEC license that you hold or a list of licenses for which you have applied. Please state specifically whether the DHEC license you have and/or have applied for are community based or restricted.
15. (Attach as Exhibit H) A statement as to whether or not your facility or any component hereof is eligible for Medicare and/or Medicaid. In case the facility is not eligible for Medicare and/or Medicaid, insert also the following statement in bold face type in your disclosure statement:

This facility is currently (not) eligible for (Medicare and/or Medicaid) (insert whichever is applicable). In case a resident exhausts his available financial resources prior to or following admission into our nursing home or assisted living accommodations, the resident might have no choice but to apply for admission to a facility that is eligible for these payments.

16. (ATTACH IN SEPARATE BINDERS) A copy of a disclosure statement conforming in all respects to SC Code Ann. § 37-11-60 and SC Code Regs. 28-600 O. This Exhibit shall be accompanied by an affidavit by the operator that prospective residents will or are receiving this disclosure statement.
17. (ATTACH IN SEPARATE BINDERS)
(a) Certified financial statements of the operator. The statements shall include a balance sheet as of the end of your most recent fiscal year and statements of income and expenses for your two most recent fiscal years or for all of the years in existence if less than three years. The statements shall be in accordance with generally accepted accounting principles and shall also contain the following:

(i) an accountant's opinion; and

(ii) notes to the financial statements considered customary or necessary to full disclosure or adequate understanding of the financial statements, financial condition, and operation.

**PLEASE
NOTE**

IF THE FISCAL YEAR ENDED MORE THAN ONE HUNDRED TWENTY DAYS BEFORE THE DATE OF FILING, PLEASE SUBMIT YOUR PREVIOUS CERTIFIED FINANCIAL STATEMENT TOGETHER WITH AN UNCERTIFIED STATEMENT FOR THE PERIOD BETWEEN THE DATE THE FISCAL YEAR ENDED AND A DATE NOT MORE THAN NINETY DAYS BEFORE THE DATE THE APPLICATION IS FILED.

(b) A projected annual budget of the facility for one year

(c) If the facility had in the past two years a feasibility study made, please submit a copy of the study.

(d) A statement of financial responsibility as required in SC Code Regs. 28-600 S.

18. Any additional information that you may think is material may be attached and labeled as Addendum 1,2, etc.
19. A check for \$2,000 made payable to the South Carolina Department of Consumer Affairs.
20. The undersigned attest that the information submitted herein is true and accurate.

Signature

Title

Signature

Title

SWORN AND SUBSCRIBED to before me
this _____ day of _____, _____.

Notary Public for _____
My Commission Expires: _____

PLEASE NOTE: THE APPLICATION FORM SHALL BE SIGNED BY THE CHIEF EXECUTIVE OFFICER OF THE FACILITY AND BY THE PERSON WHO PREPARED THE APPLICATION.

PLEASE READ VERY CAREFULLY REGULATION R.28-600 I (ALL LICENSE APPLICATIONS, FORM) APPLICATIONS NOT FOLLOWING THE GUIDELINES OF THE REGULATION SHALL BE RETURNED TO THE OPERATOR.